



U.S. Department of Justice

Federal Bureau of Prisons

Northeast Regional Office

copy (8)

U.S. Customs House - 7th Floor
2nd and Chestnut Streets
Philadelphia, PA 19106

May 25, 1999

The Honorable Benjamin L. Cardin
U.S. House of Representatives
540 E. Belvedere Avenue
Suite 201
Baltimore, MD 21212-3750

CV 00-1255

FILED
SCRANTON

JUL 14 2000

PER: [Signature]
IDENTITY CLERK

RE: THORNTON, Douglas Henry
Register Number - 37461-118

Dear Congressman Cardin:

We have reviewed your letter concerning Mr. Douglas Henry Thornton, an inmate confined at the United States Penitentiary, Lewisburg, Pennsylvania. Mr. Thornton seeks your assistance regarding the difficulty he has experienced with the quality of health care while incarcerated. Specifically, he complains of symptoms of hot, cold and sharp needle like feelings in his lower back and legs which he alleges he received from an injury on February 16, 1999, while working in Food Service.

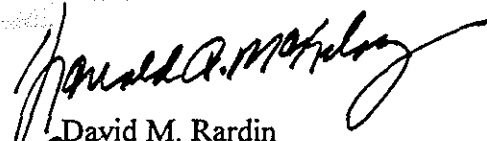
According to Mr. Thornton's medical record, he did suffer an accident in Food Service on February 16, 1999, and was referred to the local community hospital for evaluation. He was examined by a staff Neurology Specialist who reported a normal exam. The safety pin instrument used to examine Mr. Thornton is an American Medical Association approved method for neurological testing and diagnosing. This instrument is used as an external device and does not penetrate the skin. Further, diagnostic x-rays of the spine and a computerized axial tomography (CAT) scan of his head were performed and reported as normal.

Mr. Thornton is receiving appropriate treatment by the Clinical Director regarding his medical complaints. We ensure you that your constituent is being provided quality health care consistent with community standards.

RECEIVED
MAY 28 1999

We trust the above information has addressed your concerns. If we can be of further assistance, please contact me.

Sincerely,



David M. Rardin
Regional Director

From, Douglas H. Thornton
Reg. No. 213347R. Cell 235
Special Housing Unit
USP Lewisburg, PA 17033

Dated July 5, 2000

To, Donald R. Line
USP State Penitentiary
Lewisburg, Pennsylvania 17037

Re:

As of July 5, 2000, Commencing with the composition of this letter. I will stop or discontinue eating for the following reasons. I have repeatedly over the last few months or so. Filed complaints to medical staff members here at USP-Lewisburg. About medical problems and their various symptoms and effects that I have and are to this date July 5, 2000 experiencing. Medication that I have received from medical staff, has not stop the spots and patches that are appearing and increasingly growing on my body skin, and its itching soreness grievous. I have over the course and duration of the last few months and more. Made and filed complaints to medical staff members here at USP-Lewisburg about the problems I been having and still are having with urinary frequency and pain at times. See BOP request for administrative remedies that I filed on this matter 213347 F. and 213347 R1. I unsuccessfully attempted to resolve this matter with staff here at USP Lewisburg and bring this matter to a authoritative conclusion. The medical problems I have cited mention or stated in this letter has not been effective, Incompetent

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Douglas H. Thornton 266 37461-118 SHU USP- Lewin
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

Something is causing spots to appear on parts of my body. These spots have change from light color to darker color and from small to large. Their causing itching irritation soreness. These spots are appearing in areas where I was stabbed in 1994. I have been coming to medical staff about these spots and their effects for over a few months. Medical staff has been given me treatment for a rash. This treatment has not stop the spots from appearing or their effects. I have also complained to them about my bladder over active urinary. I was given some medication to take for this much of this year. I am still experiencing urinary to much. I now have sharp feeling in and around my rectum terminal to my penis. The medication I took to control my bladder is not working. I am experiencing dizziness at times. I must have some spots.

may 18, 2000

DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

Rec'd
5/24/00
A-

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 21367-51

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

ADMINISTRATIVE REMEDY #213367-F1**PART B - RESPONSE**

You have filed a Request for Administrative Remedy in which you request medical assistance for a number of complaints. Specifically, you have stated that you have spots on your skin, too frequent urination, pain extending from your penis to your rectum, and head and neck pain.

Investigation into this matter reveals that you have been seen by medical staff a number of times during the course of the past few months for a variety of complaints. In addition to several visits with our consultant psychiatrist, you were seen by our staff physician in February for urinary frequency. At this time you were prescribed a two-week trial of Ditropan with instruction to return if symptoms persisted. Your record does not indicate any further complaints of urinary frequency until you notified the Clinical Director during Special Housing Unit rounds on May 25, 2000. At this time, you were scheduled to be seen in the Health Services Unit on June 1, 2000.

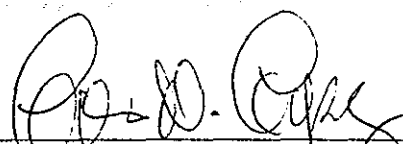
On March 9, 2000, you were seen by the Clinical Director and diagnosed as having a non-incarcerated inguinal hernia. You were prescribed a non-steroidal anti-inflammatory and a hernia truss. Additionally, you have been seen for migraine headaches and examined by the consulting optometrist.

On June 1, 2000, you were seen in the Health Services Unit and diagnosed with urinary frequency and dermatitis. You have indicated to the staff physician that the Ditropan was effective in the past in limiting your urination. You have been prescribed a sixty-day course of this medication. Additionally, you were prescribed Atarax to control the itching associated with your dermatitis. You have been scheduled to return to the Health Services unit for further diagnostic testing to include a skull x-ray to assist in diagnosing the cause of your head pain, and a skin biopsy to help identify the cause of your dermatitis.

Medical staff will continue to make rounds daily in the Special Housing Unit; please discuss any additional concerns with them.

Based on the above, it is our determination that your request has already been granted. If dissatisfied with this response, you may appeal to the Regional Director, United States Federal Bureau of Prisons, Northeast Regional Office, United States Customs House - Seventh Floor, Second and Chestnut Streets, Philadelphia, PA 19106, within twenty (20) calendar days from the date of this response.

6/9/00
Date


For: Donald Romine, Warden

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

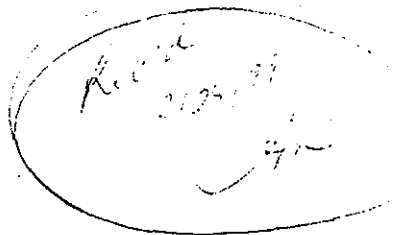
From: Thornton Douglas Henry 37461-118 B-122 USP Lewisburg
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST On February 16, 1999, I received injuries to my back other parts of my body. After my name was doing the Food Service 4-o'clock pm out Count, I try to set down in one of the Chair at the first ~~table~~ table. The Chair broke causing me to fall and hit the floor, I have been experiencing pain in my back and legs. It hurt me to set down at times and to ~~walk~~ walk. Medication I have received from the medical Department do not stop the pain or the hot, cold sharp like feeling I feel in my back and legs. I was Not treated in a professional way by medical Staff at the out side hospital. I was stuck all over my body with a Safety pin by a Nerve Doctor who said his name was Doctor Corn, he did not clean the pin, He just took it out of his bag and stuck me all over my body with it asking me if I feel it. See BP-8 attachment for other ill treatment I received.

DATE 2-25-99

SIGNATURE OF REQUESTER

Part B- RESPONSE



3-17-99

DATE

Charles R. [Signature]

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 156311-51

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

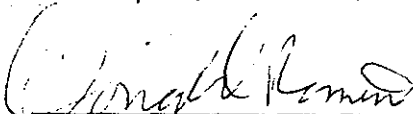
Admin. Remedy No.: 180511-F1
Part B - Response

ADMINISTRATIVE REMEDY RESPONSE

In your Request for Administrative Remedy, you express concern over an accident that you suffered in Food Service on February 16, 1999. The accident you refer to occurred shortly after the 4 o'clock count when the chair you attempted to sit down on broke, causing you to hit the floor. You claim that you continue to experience pain in your back and legs, and that the medication you have received from the Health Services staff is ineffective. You further claim that you were not treated in a professional manner by the medical staff at the outside hospital and allege that the doctor performing the neurological test on you did not clean the instrument he used during his examination.

A review of Health Services records indicates that you did, in fact, suffer an accident on February 16, 1999. Immediately following your accident, you were evaluated by a staff physician here at USP Lewisburg. Subsequent to his examination, you were referred to the local hospital for further testing and evaluation. While at the local hospital, the Emergency Room Physician ordered a number of tests, including x-rays of your spine and a CAT scan of your head, all of which were found to be normal. In addition to the above, the Emergency Room Physician asked a neurologist or nerve specialist (as you refer to him) to further evaluate you. As part of his exam, an instrument is used to check if you are suffering from any neurological deficit due to your accident. This instrument is used externally on the surface of your skin and does not require sterilization.

Based on the above, your request for administrative remedy is denied, in that all doctors involved with your care responded in a professional manner. In addition, the treatment you received was consistent with community standards. In the event that you continue to suffer pain, please sign up for sick call so that a clinician can evaluate you. If you are dissatisfied with this response, you may appeal to the Regional Director, U. S. Bureau of Prisons, Northeast Regional Office, U. S. Customs House -7th floor, 2nd & Chestnut Streets, Philadelphia, PA 19106, within twenty (20) calendar days from the date of this response.


Donald Romine, Warden

3-17-99
Date

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DIR-9 including any attachments must be submitted with this appeal.

From: Thornton Douglas H 37461-118 B-122 USP Lewisburg
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A—REASON FOR APPEAL I am still experiencing the following symptoms. Hot, Co
 needle like feeling in my leg mostly and lower back. I am experiencing tight
 soreness, sharp like feeling in my lower back when I walk, set down and
 when I get up. When I stand for a while I feel pressure in my lower
 back and soreness. I have see about ever physican assistant here on the
 many sick calls I have been on. All they tell me is that the x ray look aln
 I dont no what the x rays show. I am experiencing all or the above
 symptoms. The neurologist that treated at the out side hospital on febr
 1, 1999, after he ran some test on me with some instruments. He Fish around
 in his medical buge until he found a Safety pin. He stuck me with this
 safety pin about 15 times, he also took the print of the pin a ran it
 across my stomach real hard. He did not clean this pin befor he stuck
 me with it, nor did he put any thing on the many place he stab m
 with the safety pin. I had to ask he a few times what the hell wa
 he trying to do because he was stabbing me so hard with the pin
 I now have a hush growing on my body where I was stuck with the
 pin. I Need to see a doctor who no about back problem and injuries
 march 23 1999

DATE

SIGNATURE OF REQUESTER

Part B—RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 180511-R1

Part C—RECEIPT

CASE NUMBER: _____

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

THORNTON, Douglas

Reg. No. 37461-118

Appeal No. 180511-R1

Page One

3P-9 180511-F1
Part B - Response

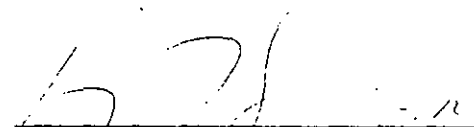
In your appeal, you complain that you experience hot/cold needle like feelings in your leg and lower back. You claim that, although the Physicians Assistants at USP Lewisburg told you that your x-rays look alright, you experience tightness and soreness in your lower back. You complain that when the Neurologist specialist examined you, he stuck you with a dirty safety pin. You now complain of a rash growing on your body.

An investigation into your complaint reveals that you on February 16, 1999, you suffered an accident in Food Service. Immediately following your accident, you were evaluated by the medical staff. You were referred to the local community hospital for further evaluation which included examination in the Emergency room by a staff Neurologist who reported a normal examination. The safety pin instrument used to examine you by the Neurologist is an approved American Medical Association method of examination to determine any neurological deficits. This instrument is used as an external device and is not used to penetrate the skin or require any sterilization. Further, you received x-rays of your spine and a CAT scan of your head, which were also reported as normal.

Medical staff advise that you are receiving appropriate medical treatment. If you have a rash on your body, you should request sick call for evaluation and treatment if indicated. Nothing you complained about warrants any administrative relief. Accordingly, your appeal is denied.

If you are dissatisfied with this response, you may appeal to the General Counsel, Federal Bureau of Prisons. Your appeal must be received in the Administrative Remedy Section, Office of General Counsel, Federal Bureau of Prisons, 320 First Street, N.W., Washington, D.C. 20534, within 30 calendar days of the date of this response.

Date: April 16, 1999



DAVID M. RARDIN
Regional Director

U.S. Department of Justice
Federal Bureau of Prisons

Central Office Administrative Remedy Appeal

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-DIR-9 and BP-DIR-10, including any attachments must be submitted with this appeal.

From: THORNTON DOWLAS HENRY 37461-118 A200 A-320 USP ~~HEIN~~ Lewisburg
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A—REASON FOR APPEAL I AM STILL TO THIS DATE EXPERINCING SOME OF THE SYMPTONS THAT I HAVE MENTION IN OTHER PART OF THIS ADMINISTRATIVE REMEDY. I STILL EXPERINCING SHARP NEEDEL LIKE FEELING IN MY LOWER BACK AND LEGS. NOT AS MUCH AS ~~WHEN~~ WHEN THE INCIDENT TOOK PLACE ON FEBRUARY 16~~1998~~ 1999

I AM STILL TO THIS DATE , ARE EXPERINCING PAIN AND OTHER SYMPTONS THAT I HAVE MENTION IN OTHER PART OF THIS REQUEST ~~OFF~~ FOR ADMINISTRATIVE REMEDY.

I AM STILL EXPERINCING SHARP NEEDEL LIKE FEELING IN MY LOWER BACK AND LEGS AT TIMES WHEN EVER I TRY TO DO ANY FORM OF EXERCISE THESE SYMPTONS GET WROST.

April 20 1999
DATE

[Signature]
SIGNATURE OF REQUESTOR

Part B—RESPONSE

RECEIVED
MAY 3 1999

DATE

GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 180511-

Part C—RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

Administrative Remedy No. 180511-A1
Part B - Response

This is in response to your Central Office Administrative Remedy Appeal in which you request for medical care for a back injury you received in February. You also state that you were mistreated by the medical staff at the local hospital after the injury.

Review of your medical record and discussion with USP Lewisburg medical staff indicate you were evaluated for an injury to your back and head at a local hospital on February 16, 1999. The record indicates you were evaluated by the Emergency Room physician and consultant neurologist. The record indicates you had a CT scan of the brain and MRI of the Lumbar Spine on February 16, 1999. The record reflects that Health Services staff have provided you with appropriate evaluation and treatment in accordance with Bureau policy. Should you have further problems or discomfort, you should make your needs known to the Health Services staff by utilizing routine sick call procedures.

There is no indication of mistreatment by the community physician alleged utilizing a non-sterile pin to test your responses to painful stimuli. The physician utilized a standard approved technique which is external and does not require a sterilized instrument.

Accordingly, the Central Office concurs with the findings and decisions of the Institution and Regional Office, the medical care you are receiving at this time is appropriate. Your Central Office Administrative Remedy Appeal is denied.

6-23-99
DATE

Wendy J. Roal
WENDY J. ROAL, ADMINISTRATOR
NATIONAL INMATE APPEALS

Response to Inmate Request to Staff

Inmate Name: Douglas Henry Thornton

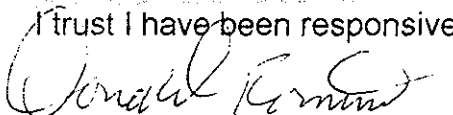
Inmate Reg. No.: 37461-118

Quarters: SHU-334

In your Inmate Request to Staff, dated March 14, 1999, you alleged that one of our outside medical consultants had inflicted an injury to your body while conducting a neurological examination using a safety pin.

A review of your medical record indicates that after February 16, 1999, you have been examined and evaluated for a total of seven times by our staff clinicians. Your record also reveals during your consultations with our medical staff, you have never complained nor received treatment for injuries caused by puncture wounds. Furthermore, subsequent to February 16, 1999, there is no written documentation in your medical record showing evidence of past or present puncture wound anywhere on your body. The medical staff had informed me that a neurological examination is customarily and traditionally conducted using a pointed instrument to determine the integrity of your neurological system. If you think you need further medical care, please contact the floor physician assistant assigned in your unit.

I trust I have been responsive to your concerns.



Donald Romine, Warden
USP Lewisburg

3-31-99

Date

U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-DIR-9 and BP-DIR-10, including any attachments must be submitted with this appeal.

From: THORNTON DOUGLAS HENRY 37461-118 A-320 U.S.P. LEWISBURG
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A—REASON FOR APPEAL (SUBJECT MATTER METAL DETECTORS AND THEIR RADIATION LEVEL)

THE SUBJECT MATTER OF THIS REMEDY IS THE METAL DETECTORS THATS BEING AT THE UNITED STATES
 PENITENTIARY INLEWISBURG PENNSYLVANIA

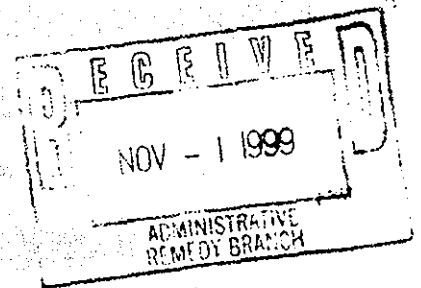
THE EFFICE OF THE RADIATION THAT COME FROM THESE DETECTORS ARE UNKOWN AND THEIR EFFICE
 ON THE INMATES THAT THEY ARE USE ON .

OCT- 27-1999

DATE

Lauren H. Thornton
 SIGNATURE OF REQUESTER

Part B—RESPONSE



DATE

GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 93822

Part C—RECEIPT

CASE NUMBER: _____

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

Administrative Remedy No. 193830-A1

Part B - Response

This is the response to your Central Office Administrative Remedy Appeal regarding the metal detectors at USP Lewisburg.

After reviewing information on metal detectors, there is no credible evidence that the use of these devices endangers your health or safety.

Accordingly, we concur with the findings and decisions of the Warden and Regional Director. Your appeal is denied.

12/09/99
Date

Harrell Watts
Harrell Watts, Administrator
National Inmate Appeals

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

262
REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: MR. THORNTON DOUGLAS HENRY 37461-118 A-320 U.S.P. LEWISBURG PA
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

Due to security practices use that the united states penitentiary in Lewisburg pennsylvania. I am forced to go through metal detectors more then a hundred times a week. 21, times a day just to go to work and to eat, this is not counting the time I go through these metal deectors going to the yard or law library etc. These metal DETECTOR S product mageticfileds. All electormagnetic matters generate some level of radiation. Some of the metal detectors mageticfileds are generating on hight level then other. I do believe that the largeamount of exposure more then a hundréd times a week are unhealthy practices and the cause of some of the medical problmes that I been experienceing. I have been a prisoner at the united states penitentiary in Lewisburg Pa. a few times in the past when there was not so meny metal detectors or when a innat was not force to go through them a hundred times a week. I was not experiencing the kind of physical and mental discomfort or body chemistry changes that I been experience . I return to ~~now~~ U.S.P. Lewisburg on Nov 3-1998 as a parole violator. only after I enter the general population and commencing going through the metal detector for a bout a month did I begin to experienseng the kind od medical problems that I been experiencing Then nothing here that was not here at U.S.P. Lewisburg the other times I been here as a fede prisoner other then the metal detectors .

August - 17 - 1999
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B- RESPONSE

Rec'd 8/18/99
[Signature]

9/14/99
DATE

[Signature]
WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 193850-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

Admin. Remedy No.: 193830-F1
Part B - Response

ADMINISTRATIVE REMEDY RESPONSE

In your request for Administrative Remedy, you state that you are forced to go through metal detectors more than one hundred times a week and you believe that exposure to the magnetic fields that the detector emits is causing you medical problems.

The manufacturer of the metal detectors and the health department were both contacted regarding your concerns. It was revealed that all scientific evidence indicates no medical problems or hazards connected with walking through metal detectors or from the use of hand held metal detectors. For security reasons, all metal detector procedures will remain the same throughout this institution.

Based on the above information, the relief you request has been DENIED. If you are dissatisfied with this response, you may appeal to the: Regional Director, Federal Bureau of Prisons, Northeast Regional Office, U.S. Customs House - 7th Floor, 2nd & Chestnut Streets, Philadelphia, PA 19106, within twenty (20) calendar days from the date of this response.

9/14/99

Date



Donald Romine, Warden

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DIR-9 including any attachments must be submitted with this appeal.

From: THORNTON DOUGLAS HENRY 37461-118 A-320 LEWISBURG PA
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A—REASON FOR APPEAL

~~XXXXXX~~

Due to security practice thats use at the united states penitentiary in Lewisburg Pennsylv
 vania . I am force to walk through metal detectors more then a hundred times a week about
 30 times a day. Officials at the united states penitentiary in Lewisburg Pennsylvania in
 their response to this request for administrative remedy on the PB-9 level stated that th
 e metal detectors has no effects a person health in any way. People body are not the same
 people body chemistry are not the same ever one that walk through these metal detectors
 are not effected the same so more then other etc. In a freedom of information request
 that I filed to the office of the Director of the federal bureau of prison, requesting
 FOR INFORMATION on the metal detectors that being use on the inmates at the federal penit
 entary in Lewisburg Pennsylvania Dated August 6-1999. In a reply letter that I ~~xxxxxxx~~
 received from the freedom of information section in Washington D.C. states that the office
 of securtiy technology (OST) section has advised them the metal detectors that being at th
 federal penitentiary in Lewisburg Pennsylvania do generate safe level of RADIATION and
 that the metal detectors can not be turn up or down to cause them to generate more radiat
 ion then the other. see attached freedom of information request reply letter dated August
 26- 1999 request case number 99-11940. There is no way that a person can be subjected to
 these metal detectors more the a hundred times a week an not be effected by the radiation

9 - DATE 21-1999

SIGNATURE OF REQUESTER

Part B—RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER:

193830-R

Part C—RECEIPT

CASE NUMBER:

193830-R

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

LEW

THORNTON, DOUGLAS

Reg. No. 37461-118

Appeal No. 193830-R1

Page One

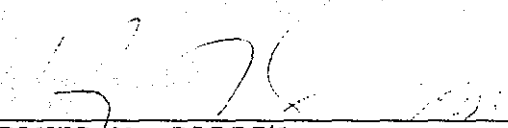
Part B - Response

In your appeal, you contend that you are experiencing medical problems at USP Lewisburg, caused by the metal detectors that you stated you are forced to go through. You assert the detectors emit radiation which is causing you health problems.

An investigation into your complaint reveals that your concerns and not well found. The manufacturer of the metal detectors and the health department were contacted regarding your concerns. The accumulated dose is very minimum and scientific evidence indicates no medical problems or hazards connected with metal detectors. You referenced an attachment to your administrative appeal. There was no attachment to the administrative appeal filed with this office. If you have any medical concerns, please sign up for sick call in the Health Services Department. Accordingly, your appeal is denied.

If you are dissatisfied with this response, you may appeal to the General Counsel, Federal Bureau of Prisons. Your appeal must be received in the Administrative Remedy Section, Office of General Counsel, Federal Bureau of Prisons, 320 First Street, N.W., Washington, D.C. 20534, within 30 calendar days of the date of this response.

Date: October 21, 1999



DAVID M. RARDIN
Regional Director

THORNTON DOUGLAS HENRY

37461-118

A-320

LEWISBURG PA

From:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

Part A--REASON FOR APPEAL

~~REDACTED~~

Due to security practice that's use at the united states penitentiary in Lewisburg Pennsylvania . I am force to walk through metal detectors more then a hundred times a week about 30 times a day. Officials at the united states penitentiary in Lewisburg Pennsylvania in their response to this request for administrative remedy on the PB-9 level stated that the metal detectors has no effects a person health in any way. People body are not the same people body chemistry are not the same ever one that walk through these metal detectors are not effected the same so more then other etc. In a freedom of information request that I filed to the office of the Director of the federal bureau of prison, requesting FOR INFORMATION on the metal detectors that being use on the inmates at the federal penitentiary in Lewisburg Pennsylvania Dated August 6-1999. In a reply letter that I received from the freedom of information section in Washington D.C. states that the office of security technology (OST) section has advised them the metal detectors that being at the federal penitentiary in Lewisburg Pennsylvania do generate safe level of RADIATION and that the metal detectors can not be turn up or down to cause them to generate more radiation then the other. see attached freedom of information request reply letter dated August 26- 1999 request case number 99-11940. There is no way that a person can be subjected to these metal detectors more then a hundred times a week an not be effected by the radiation

9 - DATE 21-1999

SIGNATURE OF REQUESTER

Part B--RESPONSE

DATE

REGIONAL DIRECTOR

Reg. No. 37461-118
Appeal No. 193830-R1
Page One


Part B - Response

In your appeal, you contend that you are experiencing medical problems at USP Lewisburg, caused by the metal detectors that you stated you are forced to go through. You assert the detectors emit radiation which is causing you health problems.

An investigation into your complaint reveals that your concerns and not well found. The manufacturer of the metal detectors and the health department were contacted regarding your concerns. The accumulated dose is very minimum and scientific evidence indicates no medical problems or hazards connected with metal detectors. You referenced an attachment to your administrative appeal. There was no attachment to the administrative appeal filed with this office. If you have any medical concerns, please sign up for sick call in the Health Services Department. Accordingly, your appeal is denied.

If you are dissatisfied with this response, you may appeal to the General Counsel, Federal Bureau of Prisons. Your appeal must be received in the Administrative Remedy Section, Office of General Counsel, Federal Bureau of Prisons, 320 First Street, N.W., Washington, D.C. 20534, within 30 calendar days of the date of this response.

Date: October 21, 1999


DAVID M. RARDIN
Regional Director

DEPARTMENT OF JUSTICE

Federal Bureau of Prisons

FEDERAL BUREAU OF PRISONS
INJURY REPORT - INMATE

1. Institution <u>W. Lawrenceburg</u>	2. Name of Injured <u>Thornton, Douglas</u>	3. Register Number <u>47461-118</u>
4. Injured's Duty Assignment <u>Food Service Dining Room</u>	5. Injured's Duty Hours <u>AM 0500 - 630 PM</u>	6. Date and Time of Injury <u>2-16-99</u>
7. Where Did Injury Happen (be specific as to location) <u>Food Service Dining Room - B' Section</u>		8. Date and Time Injury Was REPORTED <u>2-16-99 4:05 PM</u>
9. In Your Opinion, Was This Injury (a) <input checked="" type="checkbox"/> Work Related <input checked="" type="checkbox"/> Non Work Related (b) <input checked="" type="checkbox"/> Institution <input type="checkbox"/> Industry <input type="checkbox"/> Recreation <input type="checkbox"/> Program or Activity <input type="checkbox"/> Other (explain)		

10. To Whom Was Injury First Reported <u>W. Lawrenceburg</u>	11. Part of Body Involved (left knee, etc.) <u>Back / Mid Section</u>	12. Kind of Injury (burn, cut, etc.) <u>Back Injury</u>
---	--	--

13. Injured's alleged Witnesses (to Injury) (staff and inmates) <u>Unknown</u>

14. Injured's Brief Statement as to How Injury Happened. Include Injured's Recommendation for Prevention. (Continue on additional blank sheets, if necessary.)
Inmate Thornton stated "I just sat down and fell over and don't remember anything else". Inmate Thornton stated the tables should all be checked for looseness more often.

15. Injured's Signature and Date: [Signature] 2-18-99

16. Supervisor's Statement — Must include: a. Last Safety Talk Given, b. Safety Equipment Provided, c. Whether Safety Equipment in Use, d. Whether Proper Guarding Used, e. Corrective Action Taken. (Continue on additional blank sheets, if necessary.)

a. 2-2-99 b. Yes c. Yes d. Yes e. chair was removed from dining room for repair. All chairs were checked for defects and problems.

17. Supervisor's Signature, Title and Date: [Signature] Look Foreman 2-18-99

18. Medical Description of Injury (refer to BP-Adm-73)	17. This Injury Required: a. <input type="checkbox"/> No Medical Attention b. <input type="checkbox"/> Minor First Aid c. <input type="checkbox"/> Hospitalization — from <u>2-16-99</u> to <u>3-3-99</u> d. <input checked="" type="checkbox"/> Work Time Lost — from <u>2-16-99</u> to <u>3-3-99</u> e. <input type="checkbox"/> Other (explain) <u>15 days</u> Total Lost Time Days:
--	---

COMPUTER CODING

Inst. Code	Reg. No.	Name (Last, First, MI)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Inj. (mo-da-yr)	Dept.	Area	Machine	Body Part	Source		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haz. Cond.	Haz. Act.	Med. Find.	Acc. Type	Acc./Inj. Cat.	Days Lost	Pending	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Original Inmate file, Date Safety Officer, Date Regional Office, Date Central Office

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INJURY-LOST-TIME FOLLOW-UP REPORT

NAME Douglas Thornton REG. NO. 47461-118
 RE: INJURY OF 2-16-99
 Date

1. (Witnesses Statement) Use Additional Sheets of Plain Paper if Necessary.

Inmate Thornton took his seat after he had been counted during the 4:15 PM
 standup count and fell over backwards to the floor. The chair had broken off
 right at the wheel and was lying next to Inmate Thornton.
 RECOMMENDATION FOR PREVENTION Chair was removed and repaired

W. Turner Cook Foreman 2-15-99
 Witness Signature Reg. No. or Title Date

2. (Department Head's Statement)

The chair broke at the wheel and could not be
 fixed. The Table & Chair Assembly was taken out of service until
 repaired and then it was put back in service.

FOLLOW-UP OR CORRECTION ACTION TAKEN

2-16-99
En/July, AFA Adm. FSA 2-23-99
 Department Head Title Date

3. (Safety Manager's Comments)

Inmate needs to be more careful.

Frank Mecca, acting 4/28/99
 Safety Manager Date

4. (Safety Committee Review—Comments)

[Signature]
 Associate Warden's Signature

NAME Thornton, Douglas REG. NO. 47461-118
 RE: INJURY OF 2-16-99
 Date

5.

☒ The Institution Safety Committee has reviewed the report of your injury and it is their
 opinion that your injury was work related.

☐ The Institution Safety Committee has reviewed the report of your injury and it is their
 opinion that your injury was not work related.

The final determination of the work relatedness of this injury is subject to review by the Inmate
 Accident Compensation Committee upon the filing of a claim for Inmate Accident Compensation
 due to a physical impairment resulting from the injury.

[Signature] 4/28/99
 Safety Manager Date

Distribution: Original-Inmate Record
 Blue-Safety Office
 Green-Regional Office
 Canary-Central Office
 Pink-Timekeeper
 Goldenrod-Inmate

Douglas. Henry. Thornton
Reg No 37461-118-SHW 334
USP Lewisburg, Pa. 17837

Date: March - 6 - 1999

To: Safety Manager
Safety Department
USP Lewisburg, Pa. 17837

Subject: Inmate Accident Compensation;

Re:

On February 16, 1999, I was injury when a Chair I was trying to sit in broke. I was on the Four O, ~~clock~~ Clock out in the Food Service Dept. It is the practice of the Food Service Dept, That all inmates much line up against the wall at Count time and after their is called, to sit down at the first table and fill all the Chair at that table unit all of the are fill befor ~~get~~ seting at the Next. I went to sit down in the only seat that was not fill at the first table after my ~~name~~ Name was called by the Food Service officer who was doing the ~~out~~ Four O. Clock out Count, The chair broke as try to set in it Cause me to Fall backward and causing me to hit the floor

Douglas H. Thornton

PAGE 001

QUARTERS

09:20

REG NO.: 37461-118 NAME: THORNTON, DOUGLAS HENRY
 CATEGORY: QTR FUNCTION: DIS FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
LEW	Z03-334LAD	HOUSE Z/RANGE 03/BED 334L AD	03-03-1999 1721	CURRENT
LEW	Z01-115LAD	HOUSE Z/RANGE 01/BED 115L AD	03-03-1999 1217	03-03-1999 1721
LEW	B01-122L	HOUSE B/RANGE 01/BED 122L	02-24-1999 1600	03-03-1999 1217
LEW	A03-302L	HOUSE A/RANGE 03/BED 302L	02-17-1999 0949	02-24-1999 1600
LEW	Z01-115LAD	HOUSE Z/RANGE 01/BED 115L AD	02-16-1999 2334	02-17-1999 0949
LEW	A03-302L	HOUSE A/RANGE 03/BED 302L	02-16-1999 2322	02-16-1999 2334
LEW	A03-302L	HOUSE A/RANGE 03/BED 302L	12-16-1998 1037	02-16-1999 1737
LEW	A-3	A-3 CELLHOUSE	11-16-1998 0941	12-16-1998 1037
LEW	ADM DET	ADMINISTRATIVE DETENTION	11-03-1998 1814	11-16-1998 0941
LEW	R/D	RECEIVING & DISCHARGE	11-03-1998 1609	11-03-1998 1814
LEW	A-3	A-3 CELLHOUSE	11-15-1996 1518	12-10-1996 1345
LEW	H-3	H-3 CELLROOM	11-15-1996 1314	11-15-1996 1518
LEW	A-3	A-3 CELLHOUSE	06-25-1996 1600	11-15-1996 1314
LEW	A-2	A-2 CELLHOUSE	06-11-1996 1600	06-25-1996 1600

G0002

MORE PAGES TO FOLLOW . . .

PAGE 001

*

WRK DETAIL

09:46:40

REG NO.: 37461-118 NAME....: THORNTON, DOUGLAS HENRY
CATEGORY: WRK FUNCTION: DIS FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
LEW	UNASSG	UNASSIGNED WORK DETAIL	03-03-1999 1217	CURRENT
LEW	IDLE 3	IDLE #3 - 3 DAYS	03-02-1999 0722	03-03-1999 1217
LEW	FOOD SVC	FOOD SERVICE	03-03-1999 0001	03-03-1999 0722
LEW	IDLE 2	IDLE #2 - 2 DAYS	03-01-1999 1510	03-03-1999 0001
LEW	FOOD SVC	FOOD SERVICE	02-26-1999 0001	03-01-1999 1510
LEW	UNASSG	UNASSIGNED WORK DETAIL	02-25-1999 0001	02-26-1999 0001
LEW	CONV	CONVALESCENCE	02-19-1999 1518	02-25-1999 0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	02-19-1999 0001	02-19-1999 1518
LEW	IDLE 3	IDLE #3 - 3 DAYS	02-17-1999 1524	02-19-1999 0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	02-16-1999 2337	02-17-1999 1524
LEW	PM KITCHEN	PM KITCHEN	02-16-1999 2322	02-16-1999 2337
LEW	PM KITCHEN	PM KITCHEN	12-02-1998 0001	02-16-1999 1737
LEW	AM DINE RM	AM DINE ROOM	11-22-1998 0001	12-02-1998 0001
LEW	FOOD SVC	FOOD SERVICE	11-21-1998 0001	11-22-1998 0001

G0002 MORE PAGES TO FOLLOW . . .

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

2/16/99

PATIENT ENCOUNTER FOLLOWING COMMUNITY MEDICAL TRIP

2235

Subjective:

Condition Giving Rise To Community Referral: *Fell down - all the screws were*Procedures Provided In Community: *Evan - X-ray, CT scan & negative. removed from chair - Kitchi*Complications: *None -*Current Symptoms or Concerns: *@ foot feels numb. Cold / hot tingling / sharp sensation. Initially - low back now - @ leg.*

Objective:

Vital Signs: *HR 53 BP 113/76*General Appearance: *Awake, alert, remembers accident and report*Inspection of Surgical Site(s), if any: *multiple graft sites. No**obvious cuts / lacerations*

Assessment:

Plan:

Follow Up With Staff Physician Scheduled: () Yes (☒) No () NAPaper Work For Follow Up With Consultant Submitted: () Yes (☒) No () NAPaper Work For Follow Up Diagnostic Studies Submitted: () Yes (☒) No () NASMD Submitted: (☒) Yes () No () NAPatient Education Sheet Signed: () Yes () No () NA *refused.*Patient Satisfaction Survey Signed: (☒) Yes () No () NAPaperwork Delivered To Clinical Coordinator: (☒) Yes () No () NAProvisions For Special Diet Made: () Yes (☒) No () NASpecial Accommodations: *Bottom Bunk, 1st floor until re-evaluated*Physical Therapy: *none ice to lumber region 15 min / hr*Wound Care: *none No fitting or strapping*Medications: *Can have nonsteroidal anti-inflammatory of choice*

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORD
MAINTAINED
AT:

Anthony Blussant, M.D., P.O. Box 1000, Lewisburg, PA

Hope E. Zeiber, RN

PATIENT'S NAME (Last, First, Middle Initial)

Thornton, Douglas

SEX

Male

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE
Health ServicesSSN/IDENTIFICATION NO.
97461 118

DATE OF BIRTH

12/16/57

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
5/14/99	S: The patient here for report of his back MRI scan		
13-15			
	O: The MRI show mild bulging disc with no no nerve pressure		
	A. Low Back Pain		
	P. The patient was discussed with him the problem with his back and that there is no pressure on the nerve to need any corrective treatment. He was instructed on passive back exercises for his back to help improve the muscle of his back which may lead to lessen his back condition.		
	Pt. Educ on condition, evaluation and treatment plans. Understood.		
	AHMED S. SALAM, MD		

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

Thornton, Douglas

37461-118

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/CMR
 FIRM (41 CFR) 201-9.202-1

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
5-11-99	CHRONIC CARE CLINIC - Mental Health		
1440	Admin note:		
	I/M seen on Telemedicine Psych clinic.		
	Continue present medications.		
	1. Trazadone 75mg PO hs #90 days		
	2. Benadryl 100mg PO hs #90 days		
	David Robatin, RT		
	Ahmed S. Abdel-Salam, M.D.		

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Thornton, Douglas
37461-118

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USP LEWISBURG

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3/24/99 1200	<p>Admin Note</p> <p>I observed the inmate walking buskly down the hall - apparently no difficulty with his gait or ambulation</p> <p>East Corridor</p> <p><i>[Signature]</i> M.D. Anthony Bussanich, M.D.</p> <p><i>[Signature]</i> M.D. Anthony Bussanich, M.D.</p>
3-30-99 1240	<p>CHRONIC CARE CLINIC - Mental Health</p> <p>Admin note:</p> <p>Inmate was seen by telemed Psychiatrist</p> <p>① D/C mellaril</p> <p>② Trazadone 75 mg P.O. H.S. #90 days</p> <p>③ Serenide 100mg P.O. H.S. #90 days</p> <p>F/U 6 weeks</p> <p><i>[Signature]</i> M.D. Annette R. Brown, RT(R)</p> <p><i>[Signature]</i> M.D. Ahmed S. Abdel-Salam, M.D.</p>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

Thornton, Douglas

37461-118

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

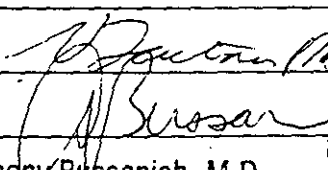
STANDARD FORM 600 (REV. 6-97)
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NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3/9/99 0830	S. This yr's med. block request voided & moderate to bad pain. Apparently, he has received NSAID (Naproxen) 2/20/99 for LBP(??). He now states he has been pain free the past 24 hours. Documented A&S IV DX - general personality / antisocial personality / narcissistic. / Reg. Med. Menus and Tra. Dept. / Reg. Left knee registered ext. - the off. Epitome of Hunger Strike (probable manipulative past behavior) NKA O - Ambulatory, coherent and not in Center custody A LBP. (acute ??) : myalgia PC Medication Education was conducted ② Present the effects of the medication ③ Pt. understands the treatment regimen ④ Naproxen NAT 250mg TID on P.C. Bed x 5 days (Do not take with NSA) ⑤ NTC if necessary
	<p style="text-align: right;">  Anthony Bussanich, M.D. </p>

HOSPITAL OR MEDICAL FACILITY U.S.P. LEW	STATUS	DEPART./SERVICE HSA	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

37461-018

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

 STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

NSN 7540-00-534-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

2/26/99 S. Patient injured his back when as he claim while sitting on a chair it broke and he fell down to the floor. He was sent to the outside hospital where he was evaluated and was released. He was seen here since then several times but he claim that because the medicine prescribed for him made him sleepy he quit takeing his medications prescribed by the psychiatrist and he has been unable to sleep. He continue on the complaints of pain in his back and radiate to his left leg increase on bending and has been also complaining of hot and cold sensation in his leg. He had problem with his back in 1997 and was treated in private facility for that.

12/4/95

- O. 1- limitation of flexion of the lumber spine.
 2- increase of pain on walking on the heels and tip toes.
 3- increase of the pain on bending.
 4- neurological exam. was not done due to marked pain.

- A. 1- Lumbosacral Strain, Acute.
 2- R/O Lumber Dise Disease.

- P. 1- Continuation of the medication he has been on.
 2- Return to take his Psychiatric medication as prescribed.
 3- No activities for the next 3 days.
 4- To return Monday if symptoms persist

Ahmed S. Abdel-Salam, M.D.

01 MAR 1994

S: 124000 IS SEEN ON S/C E LL PRESSURE IN (L) BUTTOK

0935

P Phoroned STIMULUS W/ NAROXEN WHICH IS NOT HELFUL.

ALSO ON PHORONEDINE + THERAPY. INJURED BACK LAST WEEK.

NKDA. SMOKE. FELL DOWN STEPS + INJURED BACK IN 1997.

O: ALERT + AMBULATORY W/D W/H. W/H. IN NAD. NO DLS,

MEMORS, COUGH, OR OBVIOUS ABNORMALITIES.

(CONTINUED)

V.S: P- 92 + REGULAR WT- IN SCHE AVAILABLE, T- NO

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Thurston, Douglas
 37461-115

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
2/25/99 10/5	<p>5. 42 7/8 black male with PMH of medial meniscus tear (L) knee ('87); hx. of contractures (R & L) axillary (L) elbow. (R) thumb 2nd to burns (7/95); hx. of popliteal cyst (L) knee (Baker's cyst) (4/87); hx. of paranoid personality, antisocial personality; hx. of manipulative behavior: NKDA. Current med: Traxidone 75mg. Thioridazine HCl 25mg \div @ H.S.; F/M is complaining of back pain.</p> <p>C. F/M was observed when he was on the waiting room where he was "normal" sitting down. When he was called to be seen now he doesn't want to sit down because he states he feels better that way. He started to talk about that he felt last week and "what about work?" (his convalescence was for 7 days). NAD noted.</p> <p>A. (1) LBP vs. Malingering in order to get lay in P. (1) F/M was explained the anti-inflammatory med will be renewed. Lay in denied.</p> <p>(2) Naproxen 275 mg \div tot P.O. TID \times 7d. #21</p> <p>(3) Flexeril HCL 10mg \div tot P.O. TID \times 2d. #6</p> <p>(4) pt. educ. (Tx. and Rx. use explained. Pt. understood. F/M PRN).</p> <p>Luis Ramirez, P.A.</p>		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	PHYSICIAN ASSISTANT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.
37461-118

WARD NO.

Thornton, Douglas
DOB: 2/15/57

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
2/18/99 0915	<p>S: (cont)</p> <p>However Dilantin & Phenobarb were stopped because he no longer had seizures. Denies any H₂O seizures for many years. Still cannot recall accurately & completely his reg[#] but this may be his baseline.</p> <p>As for current symptoms complains of pins & needles running down his @ leg. States current medication definitely helps. Prefers standing and assumes antalgic position i.e. slight leaning towards @.</p> <p>O: BP (88/60) HR 100 RR = 8</p> <p>SKIN: evidence of skin graft lesions especially extensive ^{2nd} over lat aspect of LLE</p> <p>HEENT: peria/comm c/lit clear</p> <p>HEENT: S1S2 RRR ABD neg</p> <p>EXT: Limited; EM not cooperative decreased or absence of sensory perception esp marked over skin graft areas at @ calf</p> <p>CVS: Mtn: No gross deficits</p> <p>questionable cross extensor stretch reflex @ @.</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
RECORDS MAINTAINED AT			

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

37461-118

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
2/17/99	Medical.		
0930	S: Pt evaluated. Standing in cell. Still		
SHU	C/O @ leg "hot + cold" + "tingling"		
Basement	Pain on standing. Discussed case		
	w/ JACKIE BK nurse at EVAN Hosp.		
	Apparently all radiological studies		
	(ie L/S spine + CT of cervical area) neg		
	for fracture. Discharge note by Dr. CORMAN		
	reviewed		
	O: physical exam limited; seen in SHU		
	Basement.		
	VSS stable		
	SKIN: s/p scar tissue 20 to prior burn?		
	Heads: normal, com		
	E/C: clear		
	EXT: (L) para spinal muscle spasm		
	+ tenderness		
	analgesic sent to (R)		
	CNS: no apparent gross abn. noted		
	A: low back contusion (?) + strain		
	P: (1) Best X29 has very progressive exercises		
	(explained to patient.)		
	com		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

37461-118

WARD NO.

THORNTON, DOUGLAS
37461-118

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
2/16/97	PATIENT ENCOUNTER FOLLOWING COMMUNITY MEDICAL TRIP		
2235	Subjective:		
	Condition Giving Rise To Community Referral: Fell down - all the screws were removed from chair - kitchen		
	Procedures Provided In Community: Evan - X-ray, CT scans - negative		
	Complications: None		
	Current Symptoms or Concerns: @ foot feels numb. Cold / hot tingling / sharp sensation. Initially - low back now - @ leg.		
	Objective:		
	Vital Signs: HR 53 BP 113/76		
	General Appearance: Awake, alert, remembers accident and report from injury		
	Inspection of Surgical Site(s), if any: - multiple graft sites. No obvious cuts / lacerations.		
	Assessment:		
	Plan:		
	Follow Up With Staff Physician Scheduled: () Yes (<input checked="" type="checkbox"/>) No () NA		
	Paper Work For Follow Up With Consultant Submitted: () Yes (<input checked="" type="checkbox"/>) No () NA		
	Paper Work For Follow Up Diagnostic Studies Submitted: () Yes (<input checked="" type="checkbox"/>) No () NA		
	SMD Submitted: (<input checked="" type="checkbox"/>) Yes () No () NA		
	Patient Education Sheet Signed: () Yes () No () NA <i>referred.</i>		
	Patient Satisfaction Survey Signed: (<input checked="" type="checkbox"/>) Yes () No () NA		
	Paperwork Delivered To Clinical Coordinator: (<input checked="" type="checkbox"/>) Yes () No () NA		
	Provisions For Special Diet Made: () Yes (<input checked="" type="checkbox"/>) No () NA		
	Special Accommodations: Bottom Bunk, 1st floor until re-evaluated		
	Physical Therapy: none ice to lumbar region 15 min / hr		
	Wound Care: none No lifting or straining		
	Medications: Can have nonsteroidal anti-inflammatory of choice		

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

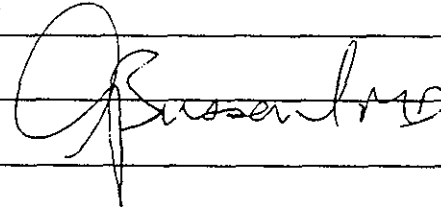
RECORDS MAINTAINED AT:	Anthony Bussanich, M.D. U.S. Penitentiary Lewisburg, P.O. Box 1000, Lewisburg, PA Hope E. Zeiber, RN		
PATIENT'S NAME (Last, First, Middle Initial)	Thornton, Douglas		SEX: Male
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE Health Services	SSN/IDENTIFICATION NO. 97461 118	DATE OF BIRTH 12/16/57	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
2/16/99 1630	<p>S: 40 year old African American male who apparently was sitting in a chair when it gave way lying on a gurney % pens & needles in his back SKIN: lesions HEENT: perla / comm B/P: 161/73 HR 79 C/L CTR HEENT: SSSRRR ABD: & organomegaly EXT: & sensory perception LUE + LUE & Motor LUE + LUE does not recall events surrounding incident; does not recall his registration # (+) Babinski: TOES DOWN GOING on L leg & DTR on (L) A: 1) fall & possible L4-L5 fx + 2) conc neurodeficits 2) R/O (L) hip fx P: transfer to HAN CR <div style="text-align: right;">  </div> </p>		
1645	<p>BP: 137/71 HR 72 RR=18 109/75 HR 86 136/82 HR 69</p>		
1650 -	<p>still describes "pens + needles in his back"</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

THORNTON, DOUGLAS
37461-118

FEB-17-99 WED 09:30 AM ERKEG

PHX NO. 5222112

P. 03

NAME: DOUGLAS THORNTON
NUMBER: 3800874 ER

EVANGELICAL COMMUNITY HOSPITAL
ONE HOSPITAL DRIVE
LEWISBURG, PA 17837

CONSULTATION

DATE OF CONSULT: 02-16-99

CHIEF COMPLAINT: "Hot and cold tingling feelings running up and down my low back and left leg."

HISTORY OF PRESENT ILLNESS: The patient is a 40-year-old black male resident of Lewisburg Penitentiary who reports one year left in his current sentence. He denies any previous history of back problems. He was in his usual state of health until this evening when he sat down into a chair which reportedly broke, causing him to fall backwards into somebody seated behind him. It was unclear whether he fell back and struck the other person first or the ground first. He does not recall what struck the ground first. He is vague on the details of exactly what he felt at the time or where he struck. He perseverates with his chief complaint with little ability to expand on his statement that he just gets hot and cold, sometimes burning sensation going up and down his left leg. He states this feeling is everywhere in his left leg. At times he seems to suggest it is in his right leg but when you specifically ask him he says no it is not in his right leg. He denies any sense of weakness but notes that he cannot move his left leg as well. During my history, which apparently is somewhat different from that obtained by Dr. Donegan, he denied symptoms in his left arm, right arm. He denies any headache, change in his speech, weakness or numbness in his face or dizziness. He denies history of back problems. Plain x-rays of the lumbosacral spine reportedly revealed no abnormalities. CAT scan of the head was likewise reported to be unremarkable. There is no history of loss of consciousness or periods of unresponsiveness. The patient does have a history of depression and apparently has also had psychotic symptoms with decreased sleep, anxiety and hallucinations. He is treated with Mellaril and Trazodone and has been doing better. Dr. Donegan reports that during his exam the patient tended to have a left upper extremity drift without pronation. He also was unable to lift his left leg and initially had very movement at all in his left leg.

PAST MEDICAL HISTORY: History of depression and psychotic symptoms. History of anxiety. History of sleep difficulties. History of seizure in the past and treated with Dilantin. He is not able to give me any specific details with regard to this. History of diffuse burns with multiple areas of skin grafting over all of his extremities and back. He states this occurred when he was very young and he does not remember it. Medications: Mellaril and Trazodone.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: The patient is originally from Baltimore, Maryland. He is currently finishing out his sentence at Lewisburg Penitentiary. He states he has one year left to go.

SYSTEMIC REVIEW: The patient denies any numbness in his groin or perianal region.

PHYSICAL EXAMINATION: Blood pressure 116/70. Respirations 20. Pulse 16. Temperature 97. The patient is a well-developed, well-nourished very fit appearing black male in no acute distress except for when he refers to his discomfort. When not being interviewed or examined, he lies quietly and comfortably, sleeping on the bed. HEENT exam reveals

FEB-11-00 WED 09:30 AM ERREV

FAX NO. 0222112

P.04

NAME: DOUGLAS THORNTON
NUMBER: 3800874

EVANGELICAL COMMUNITY HOSPITAL
ONE HOSPITAL DRIVE
LEWISBURG, PA 17837

pupils equal, round and responsive to light. Extraocular muscles intact. There is no afferent pupillary defect nor nystagmus. Musculoskeletal exam revealed normal tone in all extremities. The bulge in his quads on the left was somewhat diminished compared with the right. His burns and grafting appear more extensive in this region as well. Strength exam in the upper extremities revealed 5/5 shoulder shrug with intermittent give-way weakness. Shoulder abduction at less than 30° was notable for some give-way weakness on the left. He was ultimately able to attain at least 4+ out of 5 strength on the left. Right was 5 out of 5. Right upper extremity was 5 out of 5. Left upper extremity had give-way weakness in all muscles tested with triceps demonstrating at least 4+ strength but finger extension being less than 3 strength. When tested he is able to give resistance when his fingers are in the flexed position and his extension and strength are at least 4 but with give-way weakness. Finger flexion initially was 4- but with encouragement gave me near 5 out of 5 finger flexion. He denied any report of pain with any of his left upper extremity strength testing. In the lower extremities he had marked variation in his strength testing. On repetition with initially inability to lift his left leg off the bed, he subsequently was able to give at least some resistance but had a positive Hoover's sign bilaterally. On formal manual muscle strength testing at the knee, in flexion and extension he gave 4- out of 5 strength. However, when standing he was able to weight-bear with his left lower extremity without difficulty. In the right lower extremity the patient demonstrated give-way weakness as well, with hip flexion no greater than 4 out of 5 strength with a positive Hoover's sign. Plantar flexion and dorsiflexion of both left and right foot were at least 5- with again some give-way. There were no abnormal movements noted. Spine exam revealed no focal tenderness above the level of L2. There was some left greater than right tenderness to palpation in the paraspinal muscles and there appeared to be greater spasm of the paraspinal muscles on the left than on the right. The patient refused testing for an anal wink response or repeat rectal exam despite being counseled that this was an important part of my neurologic evaluation and that without him being compliant to all testing, I could not completely assess his complaints. He voiced understanding of this but refused to have this testing performed. Neurologic exam, mental status, the patient was alert and oriented to person, place, month and year. The patient was rather vague about his past medical history and was either unable to remember details or reluctant to admit or report details of his past medical problems. There were intermittent difficulties with his attention without any automatisms or other overt manifestations of seizure during these brief periods of inattentiveness. He did have a tendency to squint with his left eye but this occurred both at times where he seemed to be attentive and at times when he was briefly inattentive. Spontaneous speech was without dysarthria. The patient was fluent. Cranial nerves see above and normal facial sensation. He had slight decreased eye closure strength bilaterally. Soft palate and tongue moved in the midline. Shoulder shrug was symmetric but with some give-way. Complex motor exam, finger-to-finger and Fisher's test were without dysmetria. He was slightly slower on the left than the right with Fisher's test. Gait and station, the patient was able to stand on his feet and support his weight. He initially tended to favor his left leg and hold it up in an antalgic fashion but was able to ultimately stand evenly on both legs, and on sitting back up on the table was able to push off with his left leg. He reported some pain with straight leg raising to 45° but did not spontaneously report any pain when his seated straight leg position was almost 90°. He was able briefly stand on

FEL-11-99 WED 09:36 AM ERKEG

FAX NO. 5222772

P. 05

NAME: DOUGLAS THORNTON
 NUMBER: 3800874

EVANGELICAL COMMUNITY HOSPITAL
 ONE HOSPITAL DRIVE
 LEWISBURG, PA 17837

either foot with the either off the ground. Sensory exam revealed report of absent vibratory sensation in the left leg. He reported temperature sensation as being symmetric in the face, torso and arms and hands, including the radial nerve region on the left. Light touch was normal in these regions as well. In the lower extremities his left lower extremity had patchy areas of decreased sensation which did not follow a dermatomal pattern and on repeat testing the patient would give different results. He clearly stated that his posterior calf, medial calf, and anterior and slightly lateral leg had normal cold sensation, as well as the anterior thigh and medial foot. He initially reported symmetric dorsum of the foot sensation to cold but later reported no cold perception on the dorsum of his left foot. The same was true for the lateral portion of his left foot. To pinprick, reportedly he had denied pain in most areas on testing his left lower extremity by Dr. Donegan, but to my exam he appreciated pinprick in most areas but denied pinprick sensation across the dorsum of his left foot and the lateral and plantar surfaces of his left foot. He had preserved sensation in his left calf. The right lower extremity sensation to pinprick and temperature was equal throughout. Deep tendon reflexes were 2 and symmetric throughout. Plantar response revealed toe were downgoing bilaterally.

IMPRESSION: 1. Probable low back strain. 2. Subjective pain and sensory symptoms involving the low back and left lower extremity without objective evidence on neurologic exam of a lesion in his central lower peripheral nervous system. His lack of compliance with full physical exam prevents me from completely excluding organic disease. He could potentially have a mild to moderate radiculopathy but it would be difficult to explain all of his symptoms on this basis. 3. The patient has multiple findings on exam that are consistent with embellishment and these include positive Hoover signs bilaterally as well as give-way weakness with denial of pain as limiting his ability, a positive slip test. I explained to the patient that some of these exam findings were inconsistent with neurologic disease and that they impaired by ability to fully assess his problem and that I would like to give him another chance to give me good strength testing but he refused to do this. These findings suggest that there may be some component of conversion disorder to his complaints.

RECOMMENDATIONS: 1. Cold application to the patient's lumbosacral spine region for 15 minutes out of each hour he can spare over the next 24 hours. 2. Non-steroidal anti-inflammatory agents to decrease inflammation. 3. Repeat exam to try to further delineate any reliable or reproducible findings suggestive of a radiculopathy or other nervous system lesion. 4. Use of neuropathic pain medications, such as Neurontin, may be beneficial for his paresthesias. 5. The patient should avoid any straining or activities that reproduce his paresthesias. 6. If the patient's lower extremity symptoms persist and are not improving on their own, or if there is any worsening of function, then further evaluation with an MRI is recommended.

CC: Dr. Donegan ✓
 Dr. Bussanich ✓

kak 02-16-99 02-16-99 3 Edmund W. Cornman, M.D.

Anthony Bussanich, M.D.
 Anthony Bussanich, M.D.

FLO-11-39 WED 08:35 AM ERREG

FAX NO. 5222112

P. 02

NAME: DOUGLAS THORNTON
NUMBER: 3800874

EVANGELICAL COMMUNITY HOSPITAL
ONE HOSPITAL DRIVE
LEWISBURG, PA 17837

PLAN: Rule out fracture as an etiology of the patient's symptoms. We will also do a CT scan of the head because the patient was unreliable in his history. If these are normal, the patient will be discharged back to the penitentiary for further observation and to recheck if not improving.

KCG 02/16/99 02/16/99 3 Michael A. Donegan, D.O.



Anthony Bussanich, MD

NAME: DOUGLAS THORNTON
NUMBER: 3800874

EVANGELICAL COMMUNITY HOSPITAL
ONE HOSPITAL DRIVE
LEWISBURG, PA 17837

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CC: Dr. Donegan
 Dr. Bussanich "

kak 02-16-99 02-16-99 3 Edmund W. Cornman, M.D.

37461-116

Anthony Bussanich
 Anthony Bussanich, M.D.

NAME: DOUGLAS THORNTON
NUMBER: 3800874

EVANGELICAL COMMUNITY HOSPITAL
ONE HOSPITAL DRIVE
LEWISBURG, PA 17837

EMERGENCY SERVICES: 02/16/99

CHIEF COMPLAINT: The patient is a 41-year-old gentleman who presented to the Emergency Room for evaluation of injuries sustained in a fall.

HISTORY: The patient was a poor historian and somewhat uncooperative making history taking and the physical examination extremely difficult. The patient is an inmate at the penitentiary. The patient stated that someone unscrewed the screws on a stool that he sat on and then fell from. He immediately complained of having a tingling sensation that he described as being hot and cold going up and down his legs. He stated that he thought it was his left leg. When I asked the patient further questions regarding the details, he told me the same story again. Speaking with the guards, they stated that he fell and that they went and got to him immediately. They got him up and put him on a gurney. They took him from the gurney to the penitentiary health service and from there they transported him here for further evaluation. While waiting for the ambulance, he wet his pants.

SYSTEMIC REVIEW: He denied any headache, neck discomfort, chest discomfort, belly discomfort, or weakness.

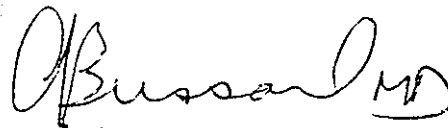
PHYSICAL EXAMINATION: On examination, he refused to move his lower extremities. His head had no signs of trauma with palpation. In fact, when I was palpating his head, he said that it was his leg. There was no Battle sign. Neck was nontender. Chest was nontender. His upper extremities had no tenderness nor was there tenderness in the lower extremities. The patient had tenderness in the lumbosacral junction area with palpation but there was no external signs of trauma. There was no step off. His belly was soft and nontender. His sacrum and coccyx were nontender. Rectal examination, sphincter tone was present. He also had cremasteric reflex present. In the lower extremities when I held his leg up, he kept the right one from falling immediately. The left leg he let fall immediately. He withdrew some with pressure on his nail to his right lower extremity but he did not to his left lower extremity. He would not move his lower extremities, however, on command. The color and texture of the lower extremities were normal. Sensation, he stated that he could feel me sticking him but yet he would not identify the type of sensation or what extremity he was feeling it from. His deep tendon reflexes were symmetrical and his toes were downgoing. Mental status, he was conversational and interacted with me at times. He clearly demonstrated good cognitive function such as what happened to him and that someone had done it to him and that he was in Lewisburg.

LABORATORY DATA: A lumbosacral spine and CT scan of the head were pending at the time of dictation.

ASSESSMENT:

1. Numbness and tingling to the left lower extremity by history.
2. Question of weakness in the left lower extremity.
3. Back pain.

97461-118


Anthony Bussanich, M.D.

Community HospitalOne Hospital Drive • Lewistown, PA 17837
(717) 522-2645**EMERGENCY SERVICE
PATIENT INSTRUCTION SHEET****WOUND CARE**

- ☐ Keep wound clean and dry.
- ☐ Elevate the wound above the level of your heart.
- ☐ Return here or to family doctor if signs of infection develop (increasing redness, swelling, pain, appearance of pus, fever, foul odor or red streaks in skin).
- ☐ Return here or to your family doctor for wound check in _____ days.
- ☐ _____ times a day, clean the wound with hydrogen peroxide on a Q-tip, then apply Neosporin, Bacitracin or Polysporin ointment.
- ☐ _____ time(s) a day, wash the burns gently (a shower is good) then reapply the Silvadene cream and redress.
- ☐ Suture removal in _____ days

SPRAINS • STRAINS • CONTUSIONS • FRACTURES • OTHER

- ☐ Rest affected part for the next _____ days, or until pain free.
- ☐ Elevate affected part above the level of your heart.
- ☐ Apply ice to affected part as long as swelling is present. Leave ice on for 20-30 minutes at a time, then remove for same period of time. (To prevent Frostbite)
- ☐ Apply warm or cold compresses to affected area for 30 minutes, 4 times daily, starting _____
- ☐ Reapply ace bandage if it becomes loosened or if the extremity below the bandage becomes painful, numb, blue, or swollen.
- ☐ Use crutches, no weight bearing until able to stand without pain, then gradually increase weight bearing until you are walking normally.
- ☐ Crutches instruction: _____
- ☐ Wear splint for _____ days or until reexamined.
- ☐ Wear sling for _____ days or until reexamined.
- ☐ Use cane, crutches, or walker with partial weight bearing.
- ☐ Follow cast instruction sheet.

GENERAL INSTRUCTIONS

- ☐ Bed rest for the next _____ days.
- ☐ Increase fluid intake.
- ☐ Do not eat or drink for _____ hrs.
- ☐ Take only clear liquids by mouth (clear soup, flat soda, fruit juice, Jello-water, Pedialyte®) in small quantities at frequent intervals until nausea, vomiting, diarrhea stops, then slowly return to usual diet.
- ☐ Use vaporizer or cool mist humidifier.
- ☐ All x-rays are re-read by the radiologist within 24 hours. You will be notified if his interpretation of the films requires a change in your treatment.
- ☐ We have done a _____ culture. The results should be available within 24-72 hrs. You may call the Emergency Dept. for the results.
- ☐ Salt Solution: ¼ level teaspoon of salt in 4 oz. of water.

MEDICATIONS

- ☐ Take _____ tabs or _____ teaspoons Ibuprofen four times per day with food for pain or fever.
- ☐ Take _____ Tylenol every _____ hours for pain or fever.
- ☐ Give _____ teaspoons Tylenol Elixir, or _____ dropperfuls Tylenol Drops, or _____ chewable Tylenol tablets, every 4 hrs. for pain or fever greater than _____.
- ☐ Get prescriptions filled; take or apply medicine as directed on label.
- ☐ Do not drive, operate machinery, climb ladders, or drink alcoholic beverages while on this medication.
- ☐ Continue taking previous medicine.
- ☐ Stop medication if rash develops and call your doctor.

EYE INJURIES • CONDITIONS

- ☐ Use antibiotic eye drops. One drop every two hours while awake.
- ☐ Any eye injury or condition is potentially hazardous. Call your eye doctor, or the emergency dept. if severe pain, redness, or blurred vision develops.
- ☐ The drop(s) placed in your eye(s) may cause blurry-vision or impair judgement of distance. Please do not drive.
- ☐ Wear sunglasses.

OTHER

☒ Ice to lumbar region 15 min out of each hour while awake for 24 hrs. No lifting or straining. Nonsteroidal anti-inflammatory of choice. Limit activities to those which don't reproduce paresthesias into leg. Increase ambulation as tolerated. Repeat exam and if complaints persist or are worsening then would obtain MRI of LS spine to exclude rad. Please review this information carefully. Please sign below to indicate you have received and understand this information.

Patient's Name: Douglas Thornton

YOU HAVE BEEN SEEN IN THE EMERGENCY SERVICE OF THE EVANGELICAL COMMUNITY HOSPITAL. EMERGENCY CARE ONLY. IT IS IMPORTANT THAT YOU CONTACT YOUR OWN DOCTOR OR THE CLINIC FOR FOLLOW-UP CARE. THE PARAGRAPH WHICH APPLIES TO YOU HAS BEEN CHECKED.

Diagnosis - ① Subjective lowback + Left leg paresthesia and sensory abnormality with no objective evidence of nervous system damage or limited by patient compliance and effort.

HEAD INJURIES

- ☐ Return here immediately if any of the following develop: a) unusual drowsiness and/or difficulty in awakening (awaken patient every 2-3 hrs during the first 24 hrs. after injury if so instructed) b) repeated vomiting c) convulsions (seizures) d) severe headache e) unequal pupils (one large one small) f) staggering or problem with normal use of arms or legs.

② Suspect low back strain.

BACK AND NECK INJURIES

③ Cannot exclude mild sensory predominate rad.

- ☐ Bed rest for the next _____ days.
- ☐ No heavy lifting for the next _____ days.
- ☐ Apply warm compresses to affected area for 30 minutes at least 4 times daily.
- ☐ Use cervical collar for the next _____ days or until improved.
- ☐ Use bed board or sleep on a firm surface.

WORK AND SCHOOL INSTRUCTIONS

- ☐ Off work/school for the next _____ days or until you are re-checked.
- ☐ Light duty at work starting _____ for the next _____ days.
- ☐ No gym class or sports at school for the next _____ days or until you are rechecked.
- ☐ Special work restrictions: _____

FOLLOW-UP CARE

- ☐ Go to your doctor for follow-up care in _____ days or _____ days if improvement. Call for an appointment.
- ☐ Return on _____ in the morning for x-rays/lab or recheck.
- ☐ Return to Emergency Dept. immediately if condition suddenly worsens, fever, vomiting or increase pain, or no improvement in _____ hrs.
- ☐ Blood Pressure: During your examination in our Emergency Dept., your Blood Pressure was found to be elevated. A single Blood Pressure determination should not be used to make the diagnosis of Hypertension. We recommend that you have your pressure re-checked by your personal physician and a decision made about the need for treatment.

Refer to Dr. _____

Office Address _____

Specialty _____

Telephone _____

- ☐ The x-rays taken while you were in the emergency room must go with you to your appointment with the orthopedic surgeon. For your convenience you may expedite the process of obtaining your x-rays by calling 522-_____ an hour or more before you plan on reporting to the Radiology office.

IMMUNIZATIONS

- ☐ Received tetanus toxoid, DPT, DT, Human Anti-Toxin.
- ☐ Return in 2 months and 6 months to complete tetanus immunizations.

R.N.'S SIGNATURE

2-16-95

AM/PM

EVANGELICAL COMMUNITY HOSPITAL
ONE HOSPITAL DRIVE, LEWISBURG, PA 17837
DIAGNOSTIC RADIOLOGY

Name: THORNTON, DOUGLAS

Pt# : 3800874-E-ERM

MR# : 185032

DOB: 02/16/1957 Age: 042Y Sex: M

Order D&T: 02/16/1999 18:51:47

Sched D&T: 02/16/1999 18:51:47

Date Service Completed: 02/16/1999

Indication: FALL, NO FEELING ON LEFT SIDE

Requisition # : 3007474

Location: EMR-ER18

Adm Dr: LAPP, MD, FREDERICK

Ord Dr: DONEGAN, DO, MICHAEL

CC Phy:

CC Phy:

CC Phy: USP

*** Final Result ***

CT SCAN HEAD UNENHANCED

DOUGLAS THORNTON/ JOB # 2699/fsf

NONCONTRAST CAT SCAN OF THE BRAIN:

A series of 4 mm thick axial images were obtained through the posterior fossa and the rest of the examination was performed with 10 mm thick contiguous slices. There are no prior studies for comparison.

The entire ventricular system is normal in size and position. There is no evidence of a midline shift. There is no evidence of a mass, mass effect, CV or acute intracranial hemorrhage. The patient was unable to keep his head straight in head holder. This report was given to the Emergency Room physician upon completion of the examination.

IMPRESSION: THERE IS NO EVIDENCE OF ACUTE INTRACRANIAL HEMORRHAGE OR CVA. IF SYMPTOMATOLOGY PERSISTS AND CLINICALLY INDICATED THAN I WOULD SUGGEST A FOLLOW UP EXAMINATION WITHOUT AND WITH CONTRAST AFTER 72 HOURS OF ACUTE NEUROLOGICAL EVENT.

37461-118

RPP:RPP

Electronically signed by:

02/17/1999 at 11:26:49

RASILA P PATEL, MD

02/17/1999 11:26:49

Anthony Bussanich
Anthony Bussanich, M.D.

EVANGELICAL COMMUNITY HOSPITAL
ONE HOSPITAL DRIVE, LEWISBURG, PA 17837
DIAGNOSTIC RADIOLOGY

Name: THORNTON, DOUGLAS

Pt# : 3800874-E-ERM

MR# : 185032

DOB: 02/16/1957 Age: 042Y Sex: M

Order D&T: 02/16/1999 18:52:50

Sched D&T: 02/16/1999 18:52:50

Date Service Completed: 02/16/1999

Indication: FALL, NO FEELING ON LEFT SIDE

Requisition # : 3007473

Location: EMR-ER18

Adm Dr: LAPP, MD, FREDERICK

Ord Dr: DONEGAN, DO, MICHAEL

CC Phy:

CC Phy:

CC Phy:

Usp

*** Final Result ***

XR L.S.SPINE AP & LAT

DOUGLAS THORNTON/ JOB # 2698/fsf

LUMBAR SPINE:

Multiple lateral films, AP supine film and spot lateral views of the lumbosacral junction were obtained. There are no prior studies for comparison.

The lumbar vertebrae are in good alignment. The vertebral body height and intervertebral disc spaces are well preserved. There is no visible fracture on the films presented. The bony detail is limited on AP view due to overlying bowel gas.

IMPRESSION: THERE IS NO EVIDENCE OF FRACTURE ON THE FILMS PRESENTED.

37461-118

RPP:FSF

02/17/1999 at 11:07:17

Electronically signed by:

RASILA P PATEL, MD

Anthony Bussanich, M.D.

02/17/1999 11:27

MEDICAL REPORT OF DUTY STATUS

NAME		Thornton, Douglas		HOSPITAL REGISTRATION NO.		37461-118	
ADDRESS							
INPATIENT	INCLUSIVE DATES OF TREATMENT						
	From:	2/16/99	2340	Through:	2/19/99		
OUTPATIENT	DATE	TIME ARRIVED		TIME DEPARTED			
DISPOSITION	Can resume usual occupation		DATE	Can perform limited duties as specified under REMARKS		DATE	
	To return to clinic		DATE	To be hospitalized		DATE	
	OTHER (Specify)						

REMARKS

Bottom Bench
1st floor until re-evaluate

NAME AND LOCATION OF HOSPITAL OR CLINIC	SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN	DATE
USP Levensburg	H. Zerber	2/16/99

IHS-131 (1/89)

D

MEDICAL REPORT OF DUTY STATUS

NAME		Thornton, Douglas		HOSPITAL REGISTRATION NO.		37461-118	
ADDRESS							
INPATIENT	INCLUSIVE DATES OF TREATMENT						
	From:	2/16/99	2340	Through:	2/19/99		
OUTPATIENT	DATE	TIME ARRIVED		TIME DEPARTED			
DISPOSITION	Can resume usual occupation		DATE	Can perform limited duties as specified under REMARKS		DATE	
	To return to clinic		DATE	To be hospitalized		DATE	
	OTHER (Specify)						

REMARKS

Gate 3

NAME AND LOCATION OF HOSPITAL OR CLINIC	SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN	DATE
USP Levensburg	H. Zerber	2/16/99

IHS-131 (1/89)

D

MEDICAL REPORT OF DUTY STATUS

NAME		DOUGLAS THORNTON		HOSPITAL REGISTRATION NO.		97461-11	
ADDRESS		ABROOK					
INPATIENT	INCLUSIVE DATES OF TREATMENT						
	From:	2/18/99	Through:	2/24/99			
OUTPATIENT	DATE		TIME ARRIVED		TIME DEPARTED		
DISPOSITION	Can resume usual occupation:	2/25/99	DATE		Can perform limited duties as specified under REMARKS	A.M./P.M.	DATE
	To return to clinic		DATE		To be hospitalized		DATE
	OTHER (Specify)						

REMARKS

CONVALESCENCE X 1 week

NAME AND LOCATION OF HOSPITAL OR CLINIC	SIGNATURE OF MEDICAL OFFICER	DATE
USP-LEW	Anthony Bussanich, M.D. Bussanich MD	2/18/99

IHS-131 (1/89)

MEDICAL REPORT OF DUTY STATUS

NAME		DOUGLAS THORNTON		HOSPITAL REGISTRATION NO.		97461-118	
ADDRESS		ABROOK					
INPATIENT	INCLUSIVE DATES OF TREATMENT						
	From:	2/18/99	Through:	3/17/99			
OUTPATIENT	DATE		TIME ARRIVED		TIME DEPARTED		
DISPOSITION	Can resume usual occupation:		DATE		Can perform limited duties as specified under REMARKS	A.M./P.M.	DATE
	To return to clinic		DATE		To be hospitalized		DATE
	OTHER (Specify)						

REMARKS

IF POSSIBLE, 1ST FLOOR CELL X 1 MONTH

NAME AND LOCATION OF HOSPITAL OR CLINIC	SIGNATURE OF MEDICAL OFFICER	DATE
USP-LEW	Anthony Bussanich, M.D. Bussanich MD	2/18/99

IHS-131 (1/89)



U.S. Department of Justice

Federal Bureau of Prisons

ATTN: FOIA/PRIVACY OFFICE

Washington, DC 20534

Douglas H. Thornton
Register No. 37461-118
USP Lewisburg

For Further Inquiry Contact:
Federal Bureau of Prisons
320 First Street, N.W.
Room 738, HOLC Building
Washington, DC 20534

Re: Request No. 99-11940

Dear Mr. Thornton:

This is in further reply to your August 6, 1999, Freedom of Information request. Specifically, you request information regarding the metal detectors at the United States Penitentiary, Lewisburg, Lewisburg, Pennsylvania.

The Bureau of Prisons (Bureau) Office of Security Technology (OST) section has advised this office that all metal detectors used by the Bureau are regulated by 47, Code of Federal Regulations (C.F.R.) part 15, and the Federal Communications Code (FCC). This office further indicates: the metal detectors level of radiation which is governed by 47, C.F.R. and the FCC is maintained at an innocuous level and the level of radiation is preset at a safe level and cannot be increased. Therefore, the metal detectors pose no health problems to anyone who passes through them.

Pursuant to Title 28, Code of Federal Regulations, Section 16.9, this decision may be appealed to the Attorney General by filing a written appeal within thirty days of the receipt of this letter. The appeal should be addressed to the Co-Director, Office of Information and Privacy, U.S. Department of Justice, Flag Building, Suite 570, Washington, D.C. 20534. Both the envelope and the letter of appeal itself must be clearly marked: "Freedom of Information Act Appeal."

We trust this information will be of assistance to you.

Sincerely,

Katherine A. Day/DH

Katherine A. Day
Chief, FOIA/PA Section



AUG 21

U.S. Department of Justice

Federal Bureau of Prisons

ATTN: FOIA/PRIVACY OFFICE

Washington, DC 20534

Douglas H. Thornton
Register No. 37461-118
USP Lewisburg

For Further Inquiry Contact:
Federal Bureau of Prisons
320 First Street, N.W.
Room 738, HOLC Building
Washington, DC 20534

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We trust this information will be of assistance to you.

Sincerely,

A handwritten signature in dark ink, reading "Katherine A. Day" followed by a stylized monogram or initials.

Katherine A. Day
Chief, FOIA/PA Section

UNITED STATES GOVERNMENT

Memorandum

Northeast Regional Office, Philadelphia, PA
FEDERAL BUREAU OF PRISONS

DATE: July 13, 1999

REPLY TO

ATTN OF: Henry J. Sadowski, Regional Counsel

SUBJECT: Your Administrative Tort Claim, No. T-BOP-99-29

TO: Douglas Thornton, Reg. No. 37461-118
USP Lewisburg

Your Administrative Tort Claim No. T-BOP-99-29, dated February 17, 1999, and properly received by this agency on March 15, 1999, has been considered for settlement as provided by the Federal Tort Claims Act, 28 U.S.C. § 2672, under authority delegated to me by 28 C.F.R. § 543.30. You seek damages in the amount of \$5.00 for an alleged personal property loss and \$50,000.00 for an alleged personal injury. Specifically, you claim you are experiencing pain as a result of an injury you received when you fell from a chair that broke in the Food Service Department at the United States Penitentiary (USP) Lewisburg on February 16, 1999. Additionally, you contend several items of property you had in your possession at that time were lost by medical staff.

After careful review of this claim, I have decided not to offer a settlement. Our investigation revealed no evidence that any negligence on the part of any Bureau of Prisons staff contributed to the breaking of the chair. You have been provided medical care consistent with your condition and commensurate with community standards. Finally, any loss of property was of a de minimis value. There is no evidence you have suffered a compensable injury or loss of property.

Accordingly, your claim is denied. If you are dissatisfied with this decision you may bring an action against the United States in an appropriate United States District Court within six (6) months of the date of this memorandum.

cc: Donald Romine, Warden, USP Lewisburg
File



U.S. Department of Justice

Federal Bureau of Prisons

Northeast Regional Office

*U.S. Custom House - 7th Floor
2nd & Chestnut Streets
Philadelphia, PA. 19106*

April 5, 1999

Douglas Thornton
Register No. 37461-118
USP Lewisburg
P.O. Box 1000
Lewisburg, PA 17837

Re: Administrative Tort Claim Dated February 17, 1998
Claim No. T-BOP-99-29

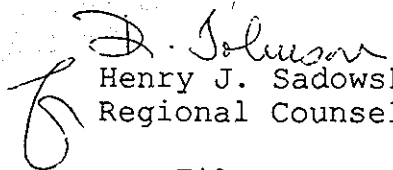
Dear Mr. Thornton:

This will acknowledge receipt by the agency on February 23, 1999, of your administrative tort claim for an alleged personal injury at USP Lewisburg, on or about February 16, 1999.

Under the provisions of the Federal Tort Claims Act, 28 U.S.C. 2675, we have six months from the date of receipt to review, consider, and adjudicate your claim. Accordingly, you may expect to hear from us on or before August 22, 1999.

All correspondence regarding this claim should be addressed to me at: Federal Bureau of Prisons, Northeast Regional Office, Room 801, US Custom House, 2nd & Chestnut Street, Philadelphia, Pennsylvania 19106. If you have any questions about the status of your claim or if the circumstances surrounding this claim change in any fashion, you should contact me immediately. Also, should your address change, you should advise me accordingly.

Sincerely,


Henry J. Sadowski
Regional Counsel

cc: File



U.S. Department of Justice

Federal Bureau of Prisons

Northeast Regional Office

U.S. Custom House - 7th Floor
2nd & Chestnut Streets
Philadelphia, PA. 19106

April 9, 1999

Douglas Thornton, Reg. No. 37461-118
USP Lewisburg
P.O. Box 1000
Lewisburg, PA 17837

RE: Your Request for Information, Request No. 99-5649

Dear Mr. Thornton:

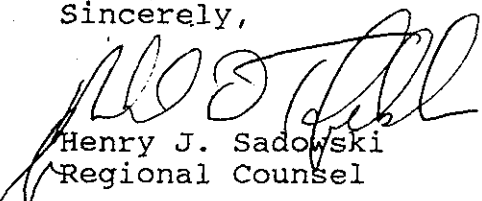
This is in response to your request, which was received in this office on March 17, 1999, wherein you request a copy of certain records. You specifically request a copy of the incident report dated February 16, 1999, medical records, tests, treatment, medication, doctors orders and all of your psychology records from the United States Penitentiary (USP) Lewisburg, Pennsylvania.

In accordance with Bureau of Prisons Program Statement 1351.04 entitled, Release of Information, you may seek a local review of the releasable portion of your medical file and central file by contacting staff at your institution to make arrangements for review in accordance with local review procedures. Copies may be reproduced locally.

In response to your request for all psychology records, twenty-one (21) pages of records were received in this office for a determination of their releasability to you. Upon review, it has been determined that all twenty-one pages are releasable to you, and are enclosed herein.

I trust that we have been responsive to your request.

Sincerely,


Henry J. Sadowski
Regional Counsel

enclosures: 21 pages

cc: File

Response to Inmate Request to Staff

Inmate Name: Douglas Henry Thornton

Inmate Reg. No.: 37461-118

Quarters: SHU-334

In your Inmate Request to Staff, dated March 14, 1999, you alleged that one of our outside medical consultants had inflicted an injury to your body while conducting a neurological examination using a safety pin.

A review of your medical record indicates that after February 16, 1999, you have been examined and evaluated for a total of seven times by our staff clinicians. Your record also reveals during your consultations with our medical staff, you have never complained nor received treatment for injuries caused by puncture wounds. Furthermore, subsequent to February 16, 1999, there is no written documentation in your medical record showing evidence of past or present puncture wound anywhere on your body. The medical staff had informed me that a neurological examination is customarily and traditionally conducted using a pointed instrument to determine the integrity of your neurological system. If you think you need further medical care, please contact the floor physician assistant assigned in your unit.

I trust I have been responsive to your concerns.

Donald Romine, Warden
USP Lewisburg

Date



DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration
Rockville MD 20857

FEB - 8 2000

Douglas Henry Thornton
REG NO#37461-118-A-320
United States Penitentiary
P.O. Box 1000
Lewisburg, Pennsylvania 17837

Dear Mr. Thornton:

This is in response to your letter, dated January 3, addressed to the Food and Drug Administration (FDA) regarding any potential biological harm from walk-through metal detectors.

Emissions from metal detectors are supposed to meet standard C 95.1 on human exposure from the Institute for Electrical and Electronics Engineers (IEEE) or standard 0601.00 from the National Institute of Law Enforcement and Criminal Justice (NILECJ).

Both standards are based on levels below which the emissions have been shown to have no biological effect; in plain language, these standards for emissions are ten times BELOW the point where no biological effects are found. Therefore it is unlikely that your physical symptoms are caused from any radiation emitted from metal detectors.

I hope you find this information helpful.

Sincerely yours,

A handwritten signature in cursive script, reading "Jessica Auerbach", is written over the typed name.

Jessica Auerbach
Writer-Editor
Consumer Section (HFZ-210)
Office of Health and Industry Programs
Center for Devices and Radiological Health



U.S. Department of Justice

Federal Bureau of Prisons

Northeast Regional Office

U.S. Custom House - 7th Floor
2nd & Chestnut Streets
Philadelphia, PA. 19106

September 8, 1999

Douglas Thornton
Reg. No. 37461-118
USP Lewisburg
P.O. Box 1000
Lewisburg, PA 17837

RE: Your Request for Information, Request No. 99-11930

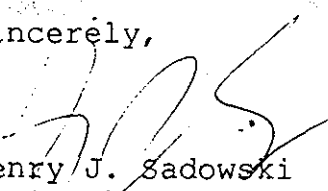
Dear Mr. Thornton:

This is in response to your request that was received in this office on August 12, 1999, wherein you request a copy of any accident reports or investigation reports regarding an accident that occurred on February 16, 1999, while you were working in Food Service at the United States Penitentiary (USP) Lewisburg, Pennsylvania. You further request any medical documents regarding this accident.

In response to your request, forty (40) pages of records were received in this office for a determination of their releasability to you. Upon review, it has been determined that all 40 pages are releasable to you in their entirety and are enclosed herein.

I trust that we have been responsive to your request.

Sincerely,


Henry J. Sadowski
Regional Counsel

enclosures: 40 pages

cc: File

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

P.S. 580
February 11,
Attachment A, Pa

PROGRESS REPORT

USP, Lewisburg, Pennsylvania
INSTITUTION

DATE: May 16, 2000

Inmate Reviewed:

Inmate Refused to
Inmate's Signature *Sign*

5-17-00
Date

[Signature]
Staff Signature

1. Type of Progress Report:

Initial: _____ Statutory Interim: _____ Pre-Release: _____

Transfer: X Triennial: _____ Other (specify): _____

2. Name

THORNTON, Douglas

3. Register Number

37461-118

4. Age (DOB)

42 (12-16-57)

5. Present Security/Custody Level: High/Maximum

6. Offense/Violator Offense: Mandatory Release Violator (Original Sentence: Bank Robbery, Aiding and Abetting, Conveying a Weapon in a Federal Correctional Institution, and Forcibly Assaulting a Correctional Officer With a Dangerous Weapon)

7. Sentence: Original Sentence - 25 year 4205(a) Regular Adult Term; Five years, six months, 16 days remaining

8. Sentence Began

03-18-98

9. Months Served +
Jail Credit

26 months + 0 days JTC

10. Days GCT/or EGT/SGT

259 days SGT

11. Days FSGT/WSGT/DGCT

0 days FSGT
0 days WSGT

12. Projected Release

November 27, 2001, via
Two Thirds

13. Last USPC Action

Notice of Action dated
October 09, 1998 - Revol
Mandatory Release;
Continue to Expiration;
Statutory Interim Hearing
in September of 2000

14. Detainers/Pending Charges: None

15. Codefendants: None

Distribution: Inmate File
U.S. Probation Office
Parole Commission Regional Office (If applicable)
Inmate

BP-CLAS

COPY

INSTITUTIONAL ADJUSTMENT

Inmate Douglas Thornton was committed at USP, Lewisburg, Pennsylvania, on November 03, 1998, as a Mandatory Release Violator.

Program Plan: At his initial and subsequent program reviews, his Unit Team recommended his participation in the literacy program, correctional counseling, vocational training, and the Pre-Release Preparation Program.

Work Assignments: Inmate Thornton was initially assigned to the Food Service Department at USP Lewisburg, on November 21, 1998. He was reassigned to the Mechanical Services Department on March 19, 1999, and worked in the Carpenter Shop, and Paint Shop, until his placement in Administrative Detention on March 03, 2000. He received satisfactory work performance evaluations in these assignments.

Educational/Vocational Participation: Inmate Thornton has not participated in any educational programs during this period of incarceration. Records indicate that he has not obtained a General Equivalency Diploma to date. Additionally, he has participated in the Pre-Release Preparation Program, but has not completed it.

Counseling Programs: Inmate Thornton receives correctional counseling on an as needed basis.

Incident Reports: Inmate Thornton has incurred the following disciplinary infractions during this period of incarceration:

REPORT NUMBER/STATUS.: 775538 - SANCTIONED INCIDENT DATE/TIME: 04-25-2000 0945
 DHO HEARING DATE/TIME: 05-09-2000 1320
 FAC/CHAIRPERSON.....: LEW/EMORY D
 REPORT REMARKS.....: DENIED

203 THREATENING BODILY HARM - FREQ: 1 ATI: SN1

DS / 30 DAYS / CS

COMP: LAW:

FF SGT / 60 DAYS / CS

COMP:020 LAW:0

LP PHONE 790 DAYS / CS

COMP: LAW:

TRANSFER / CS

COMP: LAW:

COPY

REPORT NUMBER/STATUS.: 772556 - SANCTIONED INCIDENT DATE/TIME: 03-01-2000 1200

DHO HEARING DATE/TIME: 05-09-2000 1315

FAC/CHAIRPERSON.....: LEW/EMORY D

REPORT REMARKS.....: DENIED

201 FIGHTING WITH ANOTHER PERSON - FREQ: 1

DS / 30 DAYS / CS

COMP: LAW:

FF SGT / 60 DAYS / CS

COMP:020 LAW:O

TRANSFER / CS

COMP: LAW:

Institution Movement: Inmate Douglas Thornton was committed at USP, Lewisburg, Pennsylvania, on November 03, 1998, as a Mandatory Release Violator. He has remained at this facility to date.

Physical/Mental Health: Inmate Thornton has been assigned to regular duty status with a special diet restriction. There are no medical concerns which would preclude his transfer.

Progress on Financial Plan: There were no court ordered financial obligations imposed in this case.

RELEASE PLANNING

Release notifications are required under Title 18 U.S.C. 4042(b) in this case. Inmate Thornton should be considered fully employable upon release. He has not formulated a release plan to date.

Residence: Pending

Employment: Pending

USPO: Mr. David E. Johnson, Chief
United States Probation Office
District of Maryland
250 West Pratt Street, Suite 400
Baltimore, MD 21201

Dictated by: A. G. Giordani, Case Manager, Unit One

Date Typed: May 16, 2000

Reviewed by: D. A. White, Unit One Manager

COPY

establish

ascertain

discovery

Falsify

Douglas H. Thornton

Reg No 37461-118 E.H.S. 225

USP Leavenworth Va 17037

~~Date~~ June 2000

To Doctor Salam, MD.

Health Service Dept

USP Leavenworth Va.

draft

Subject blood withdrawn by D. Rotentine radiologist.

Re;

On or about June, 2000, at 6:45 AM. Radiologist

D. Rotentine. Came to my office. 225. Disciplined. Segregation

He withdrew some blood from me. I ask him to name the

name of the name tag. I stated to him that with all

your medical skills you withdrew blood from me without

reason. I ask him by what the ~~blood~~ blood blood

withdrew from me be use for what was it

the I said that he said he ~~withdrew~~ withdrew from me.

I ask to see the spring hypodermic before he inject

springer at my arm. He said he was not a doctor

springer at my arm. He said he was not a doctor

springer at my arm. He said he was not a doctor

springer at my arm. He said he was not a doctor

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